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ABSTRACT

These teacher training materials derive from a personnel preparation special project that developed, implemented, and evaluated a teaching model on collaborations necessary for effective delivery of early intervention. The first module on collaboration provides information on the rationale for collaboration and the benefits and drawbacks of different conflict management styles (competitive, avoidance, accommodating, compromising, and collaborative). Barriers to collaboration, including competition between agencies, lack of organizational structure for coordination, technical factors, and personnel are also discussed. The module also discusses methods for resolving conflicts and negotiation strategies. Identified strategies include separating the people from the problem, focusing on mutual interests, inventing options and alternatives for mutual gain, managing anger and resistance, insisting on using objective criteria, and selecting options and alternatives. A second module on collaborative consultation describes the benefits of consultation, the principles of consultation and consultation strategies, and examples of consultation in therapy and childcare. Both modules include extensive faculty presentation guides for each of the major discussion areas, classroom handouts, activities, and transparencies for illustrating concepts. (Each module includes references.) (CR)

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Infants and Toddlers With Special Needs and Their Families

Collaboration

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EC 306228

Instructional Module

Infants and Toddlers with Disabilities and Their Families:

Collaboration

PART ONE

I. Objectives
II. Outline
III. Explanatory Materials
IV. Evaluation
V. Resource Material

Instructional Module

Infants and Toddlers with Disabilities and Their Families: Collaboration

I. Objectives

Participant will be able to:

A. Provide a rationale for collaboration in early intervention

B. Describe barriers to collaboration

C. Describe ways in which individuals manage conflict during collaboration

D. Identify the types of conflict management style used by an individual

E. Describe ways to resolve conflict

II. Outline

A Rationale for collaboration

1. Improvement of service delivery
2. Reduction in service duplication
3. Links among families and professionals for efficient service utilization

B Conflict management styles: benefits and drawbacks

1 Competitive
2. Avoidance
3. Accommodating
4. Compromising
5. Collaborative
6. Activity - How do I mange conflict?

C. Barriers to collaboration

1. Competitiveness between agencies
2. Lack of organizational structure for coordination
3 Technical factors
4 Personnel

D. Methods for resolving conflict

1. Steps for addressing conflict
   - A. Clarify issues objectively
   - B. Set expectations and outcomes
   - C. Communicate clearly
   - D. Use a variety of strategies

i. Problem solving

ii. Brainstorming

iii. Selecting from options

iv. Negotiation

2. Negotiation strategies

A. Separate the people from the problem

B. Focus on mutual interests

C. Invent options and alternatives for mutual gain

D. Manage anger and resistance

E. Insist on using objective criteria

F. Select options and alternatives

3. Activity - How well do you negotiate?

III. Explanatory Materials/Expansion of Module Outline

A. Rationale for Collaboration [Transparency 1]

The development of cooperative arrangements among professionals is a common strategy that has been used to improve service delivery (Shenet, 1982). Cooperative arrangements are required by many federal laws, and the desired outcome is the development of more effective interagency agreements. Part H of The Education of the Handicapped Act Amendments of 1986, P.L. 99-457, stipulates that children with disabilities receive "coordinated, comprehensive, multidisciplinary, interagency" services. To ensure that the needs of children with disabilities and their families are being met, it is essential that professionals involved in early intervention learn and develop techniques for developing successful cooperative relations for service delivery. This is because cooperating agencies maintain their own autonomy, as well as their own philosophy and service goals, and these may not be appropriate for the target population. Professionals in the fields of medicine, service coordination, education and social services have all been trained to provide technical expertise in their area of specialty, but few have been taught how to function with other professionals as members of a team. Unfortunately, this model tends to drive most initial attempts to organize services for young children with disabilities and their families.

In order to improve this situation, it has been suggested that the focus of interagency models should shift from cooperative arrangements among agencies to collaborations focused on joint service delivery. It is generally agreed that children with disabilities benefit from the combined expertise of various professionals. Collaboration is a method for blending knowledge from many sources, and has been proven successful in developing comprehensive and coordinated family-centered services. A collaborative strategy is called for in communities where the need and intent is to fundamentally change the way services are designed and delivered (Melaville & Blank, 1991). This requires that the involved agencies agree on a common philosophy and service goal that can only be achieved through joint agency activities. Part H of IDEA assists agencies in moving toward this model by embodying a philosophy of a service delivery system composed of 14 components that can only be achieved through the adoption of such activities (Trohanis, 1989).

There are many benefits to collaborative service delivery models (Elder & Magab, 1980), the most important being an improvement in service delivery to those it serves. Improved services are the result of more efficient and effective use of services, providers, and funding streams across agencies (Audette, 1980; Bailey, 1984). Collaboration also results in the reduction of service duplication (Garland & Linder, 1988; Healy, Keesee, & Smith, 1989), Lastly, collaborative efforts enable parents and service providers to efficiently locate and manage the services required by their family (Bailey, 1989a; Dunst & Trivette, 1988).

B. Conflict Management Styles: Benefits and Drawbacks [Transparency 2]

Collaborative early intervention service systems remain an elusive goal for many states. Yet, the mere recognition of the benefits has not resulted in effective collaborations. Fragmented and isolated services continue to occur by default, rather than by choice, because professionals have not had the opportunity to learn and practice alternative ways of working together (Rainforth, 1990). As a result, professionals and agencies often find themselves in conflict. Conflict is any situation in which one person or group perceives that another person or group is interfering with his or her goal attainment. People tend to approach conflict in a variety of ways. There are five common styles of conflict management, each of which has benefits and drawbacks. The style of conflict management used in a situation often depends on the content and context of the issue.

1. Competitive [Transparency 3]

One style of conflict management is the competitive style. This style is characteristic of people who tend to overpower others with whom they have a conflict. Their goal is to win, regardless of possible negative repercussions. This may be a very appropriate style to utilize when there are ethical concerns or when one is certain they are right. However, some pitfalls of the competitive style are that others may stop engaging in meaningful interactions and collaborative relations can be seriously inhibited or destroyed.

2. Avoidance [Transparency 4]

Avoidance is a second style of conflict management in which people try to avoid conflict by ignoring discrepancies between their own goals and those of others. When conflict is emotionally laden and participants need

time to regain their composure, avoidance may be a very appropriate and sensitive methods for handling conflict. However, this approach can give a false sense that all is well. By not addressing the issue head on, conflict can continue to plague the group and may escalate as the result of inaction.

3. Accommodating [Transparency 5]

People who put aside their own needs in order to ensure that others needs are met are engaging in an accommodating style of conflict management. Accommodating is appropriate when the conflict is relatively unimportant or when you are unable to alter the situation of another. The negative ramifications however, can prove very frustrating. Frequent accommodation may result in others devaluing your ideas over time and may cause you to feel that others are taking advantage of you.

4. Compromising [Transparency 6]

A less surrendering style of conflict management is compromising. In the compromising style, people give up some on an issue while asking others to do the same. This can be a very useful approach when there is deadlock over an issue. Although a benefit of this style is that the end result is usually acceptable to all, compromising falls short of meeting the needs of all.

5. Collaborative [Transparency 7]

Certainly the most desirable style of conflict management is collaborative problem solving. In this style people utilize a high degree of both assertion and cooperation. Although the collaborative style tends to be time consuming and requires a trusting rapport among professionals, the benefits are new and creative solutions to problems. The collaborative process requires that all members clarify the issues and commonly determine the goals. This shared commitment of collaboration results in less conflict and greater satisfaction for those involved.

6. Activity [Handout 1]

How do I manage conflict? Use the Thomas Kilmann Questionnaire to see what kind of strategies you use to manage conflict.

C. Barriers to Collaboration [Transparency 8]

Though collaboration may not always be possible, it is certainly the most desirable style for professionals from various disciplines to interact with one another. A more favorable climate for collaboration occurs when agencies, programs or groups share a common philosophy and goal, and the service delivery issue is a priority for each of the service agencies. However, there are several barriers to implementing interagency collaboration. For example, not all participating agencies may agree on the necessity for service improvements. There may be other priorities influencing agencies, such as a budget shortfall, or agencies may already have a history of competition or negative relationships. Nevertheless, federal legislation has clearly created a need to prioritize collaboration, which should facilitate the development of a favorable climate for change to occur.

1 Competitiveness Between Agencies [Transparency 9]

One barrier to interagency collaboration is competitiveness between agencies. Competition between agencies often exists over clients and services. Frequently, the conflicts result from a lack of accurate information about the functions of other agencies. Each agency and program entering into an interagency collaboration has a set of rules and regulations that stipulates target population, budgetary operations, and service structure (including staffing patterns). Agencies and programs must be prepared to share these policies with each other so that barriers to interdependent functioning can be identified and removed. Many existing agency and program policies will need to be evaluated and refined in order to comply with the collaborative requirements of Part H.

2. Lack of Organizational Structure for Coordination [Transparency 10]

Another barrier results from the lack of organizational structure for facilitating coordination between agencies. The goals and philosophies of each agency are individually established. Therefore, existing agency structures are not conducive to jointly planning, teaming, and implementing decisions in a cooperative and coordinated manner. Interagency collaboration requires a process of establishing goals and objectives, clarifying roles, making decisions, and resolving conflicts. The first step

necessary for collaborative arrangements to occur is the adoption of a common vision by all involved in the service delivery system. Part H of IDEA ensures that this will occur, because the legislation defines the vision for a collaborative statewide early intervention program. One difficulty in establishing this vision across the various agencies and programs involved in early intervention may be their differing interpretations of the adequacy of the existing system. This obstacle can only be overcome when all participants are willing to participate in a process to ensure open, continued communication, negotiations, and conflict management.

3 Technical Factors [Transparency 11]

Technical factors also interfere with interagency collaboration. Scarce resources of staff, time and money are factors that inhibit agencies from exerting the time and effort to collaborate with other agencies. Logistical issues, such as distance and geography, are common excuses for agencies to not work collaboratively. Interagency collaborative efforts require new fiscal arrangements to ensure the development and delivery of services. Resources of all kinds (fiscal, staff, time, in-kind services) will have to be pooled to establish the most efficient system for delivery of services. In an age of shrinking resources, interagency collaborations are often the only way to guarantee the development of an integrated service system. Early intervention is one area in which resources must be pooled and funding levels increased. Only then will states be able to implement services in conjunction with the spirit of Part H.

4. Personnel [Transparency 12]

As in any situation, the attitudes of personnel can present the greatest barrier to interagency collaboration. Individuals who are resistant to change will find many reasons why collaboration between agencies cannot occur. Frequently, such resistance is indicative of a lack of commitment to the more global needs of children and families, a failure to acknowledge the strengths of other disciplines, or a lack of support from administrative powers. The people involved in the creation, development, and implementation of the interagency service system are a critical factor in the ultimate success of the collaborative model. Most important is an effective leader. A leader must be able to both establish and help sell the vision to all participants. He or she must also be able to translate the vision into the reality of service delivery. Also important is the competence and commitment of the other participants, both to policymaking and service

delivery. All participants should be provided access to support and training as their roles change with the development and implementation of a collaborative service delivery system.

D. Methods for Resolving Conflict

Resolution of conflicting goals, philosophies, and objectives is the foundation for building collaborative relationships between agencies. By following prescribed steps to achieve collaboration, shared commitment and responsibility are the natural by product that result from the process. The steps involved require members of interagency teams to share not only their knowledge and expertise, but also their expectations. When entering into interagency collaborations, it is effective to have some agreed upon guidelines that will be followed when conflicts arise. These guidelines should designate the steps the group will take to resolve conflict and the process by which any negotiation of ideas will be conducted.

1. Steps for Addressing Conflict [Transparency 13]

Conflict can often be avoided or quickly diffused by adhering to a defined process. First, all members should participate in clarifying the issues. Once the issues have been defined, the expectations and outcomes should be set and agreed upon by everyone involved. This requires clear and open communication. When conflicting attitudes exist, strategies can be used to stimulate new alternatives and options. Among these strategies are problem solving, brainstorming new options, selecting from among new options, and if consensus cannot be attained, engaging in negotiations.

2. Negotiation Strategies [Transparency 14]

Effective negotiations can generate amenable solutions to conflicts. However, to keep negotiations productive and on track, the following must occur.

- Separate the people from the issues, so that the appropriate focus is maintained.
- Concentrate on areas of mutual interest, to stimulate additional areas of mutual concern and agreement.

- Suggest new options and alternatives that would prove mutually beneficial.
- Carefully control anger and resistance so that the process is not hindered further.
- Be sure to use objective criteria for making decisions and achieving consensus.
- Use newly offered alternatives to find a solution that may be commonly agreed upon and accepted.

A positive atmosphere of communication and trust among the participants must be maintained throughout the interagency collaborative process (Johnson & Johnson, 1987). This occurs when the focus of the collaboration is on the people involved, rather than on the individual agency and program requirements (Fisher & Brown, 1989). This focus should include both the consumers of the services (families and children) and the service providers. The collaborative vision can be defined as "relationship driven," as the participants focus on improving the services or system for people, rather than for agencies and programs. The end result of developing these qualities is that of increased problem solving for the team and a common desire to find mutually beneficial solutions. This collaborative model is at the very heart of early intervention under Part H of IDEA.

3. Activity [Handout 2]

Use this Dr. Chester L. Karrass' self evaluation checklist to determine how well you negotiate.

To evaluate yourself, check the answer key and add your positive and negative scores separately. Subtract them from each other.

A score between +250 and +340 indicates you are probably negotiating well already. The range of +180 to +250 suggests you have a good measure of the qualities it takes to negotiate successfully. Negative scores, however, show that your skills needed for effective negotiating can use improvement!

ANSWER KEY

1.	(a) +20	(b) +15	(c) + 5	(d) - 10	(e) - 20
2.	(a) - 10	(b) - 5	(c) +10	(d) +10	(e) - 5
3.	(a) - 15	(b) +15	(c) +10	(d) - 15	(e) + 5
4.	(a) +10	(b) + 5	(c) - 10	(d) +10	(e) - 5
5.	(a) + 3	(b) + 6	(c) + 6	(d) - 3	(e) - 5
6.	(a) +15	(b) +10	(c) 0	(d) - 10	(e) - 15
7.	(a) - 10	(b) - 5	(c) + 5	(d) +10	(e) +10
8.	(a) - 10	(b) + 5	(c) +10	(d) +13	(e) +10
9.	(a) +20	(b) +15	(c) + 5	(d) - 10	(e) - 20
10.	(a) + 5	(b) +15	(c) +10	(d) - 5	(e) 0
11.	(a) - 15	(b) - 10	(c) 0	(d) +10	(e) +15
12.	(a) +16	(b) +12	(c) + 4	(d) - 5	(e) - 15
13.	(a) +12	(b) + 6	(c) 0	(d) - 2	(e) - 10
14.	(a) +15	(b) +10	(c) + 5	(d) - 5	(e) - 10
15.	(a) - 10	(b) - 5	(c) + 5	(d) +15	(e) +15
16.	(a) +15	(b) +10	(c) - 3	(d) - 10	(e) - 15
17.	(a) + 5	(b) +10	(c) 0	(d) - 3	(e) - 10
18.	(a) +10	(b) + 8	(c) + 3	(d) - 3	(e) - 10
19.	(a) +15	(b) +10	(c) + 5	(d) - 5	(e) - 15
20.	(a) +15	(b) +10	(c) + 5	(d) 0	(e) - 5
21.	(a) - 8	(b) - 3	(c) + 3	(d) + 8	(e) +12
22.	(a) +10	(b) + 8	(c) + 2	(d) - 3	(e) - 10
23.	(a) +10	(b) + 8	(c) + 3	(d) 0	(e) - 5
24.	(a) +10	(b) +10	(c) + 8	(d) - 8	(e) - 15
25.	(a) +12	(b) + 8	(c) + 4	(d) - 5	(e) - 10
26.	(a) +15	(b) +10	(c) 0	(d) - 10	(e) - 15

IV. Evaluation

1. Describe the rationale for collaboration in early intervention. Use the case study involving Polly **[Handout #3]** to support why a collaborative model is key to delivering early intervention services.

2. Describe the four barriers to collaboration. For each barrier describe at least one strategy that could be used to overcome the barrier.

3. Describe the different types of conflict management skill, including the strengths and weakness of each approach.

V. Suggested Reference

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Instructional Module

Infants and Toddlers with Disabilities and Their Families:

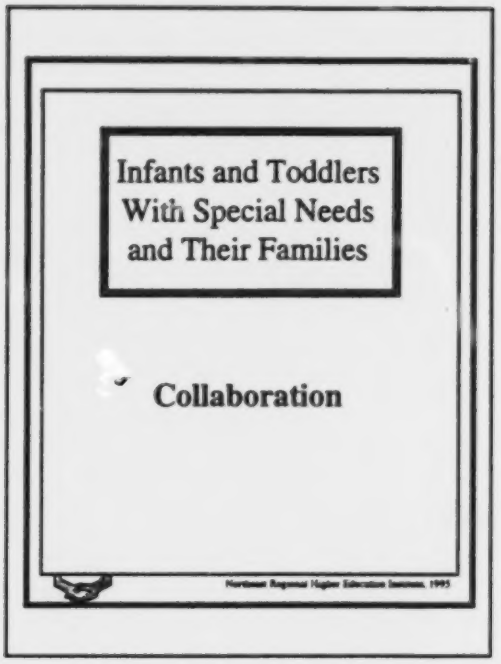
Collaboration

PART TWO

Supporting Materials

I. Lecture Notes
II. Student Handouts for Note-Taking
III. Additional Student Handouts
IV. Transparency Samples

Faculty Presentation Guide



Lecture Notes

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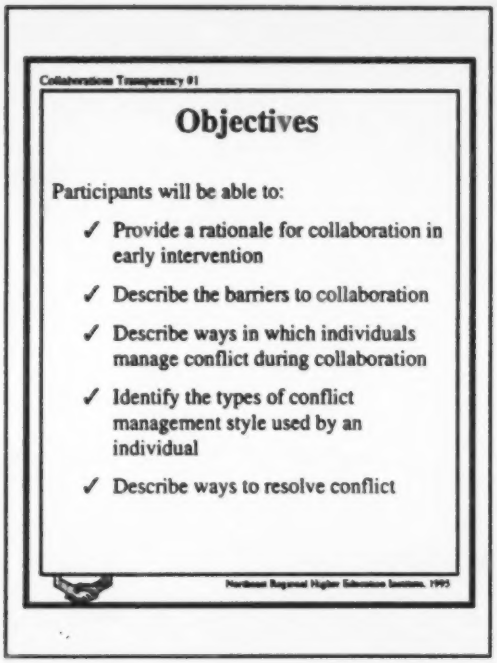
Collaboration Transparency #1
Objectives
Participants will be able to:
✓ Provide a rationale for collaboration in early intervention
✓ Describe the barriers to collaboration
✓ Describe ways in which individuals manage conflict during collaboration
✓ Identify the types of conflict management style used by an individual
✓ Describe ways to resolve conflict
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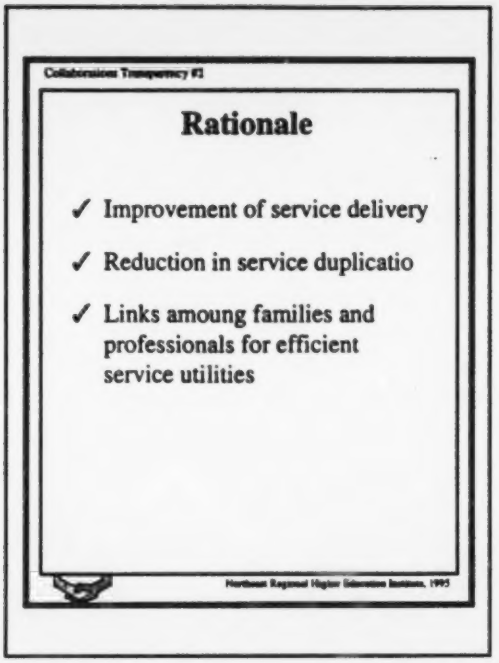
Lecture Notes

Faculty Presentation Guide


Collaboration Transparency #1
Rationale
✓ Improvement of service delivery
✓ Reduction in service duplicatio
✓ Links amoung families and professionals for efficient service utilities
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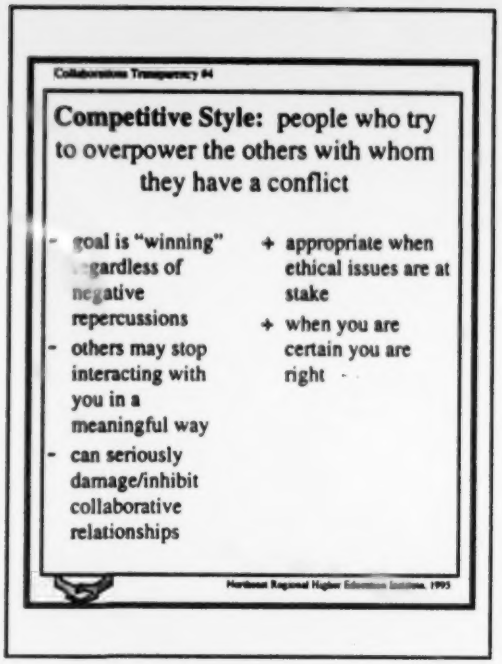
Collaborations Transparency #4
Competitive Style: people who try to overpower the others with whom they have a conflict
- goal is "winning" regardless of negative repercussions
- others may stop interacting with you in a meaningful way
- can seriously damage/inhibit collaborative relationships
+ appropriate when ethical issues are at stake
+ when you are certain you are right
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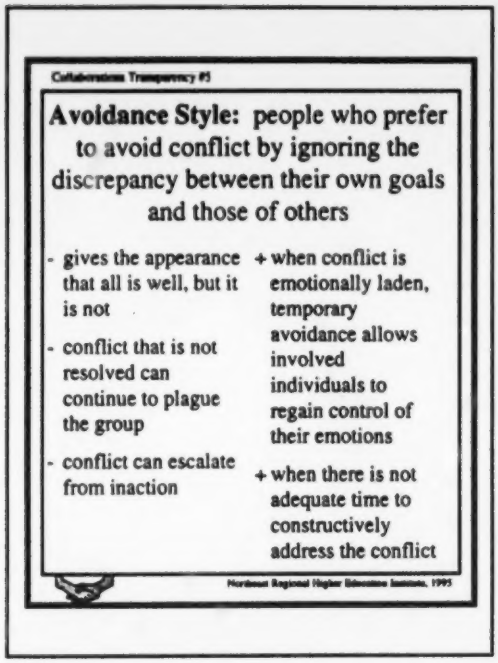
Collaboration Transparency #5
Avoidance Style: people who prefer to avoid conflict by ignoring the discrepancy between their own goals and those of others
- gives the appearance that all is well, but it is not
- conflict that is not resolved can continue to plague the group
- conflict can escalate from inaction
+ when conflict is emotionally laden, temporary avoidance allows involved individuals to regain control of their emotions
+ when there is not adequate time to constructively address the conflict
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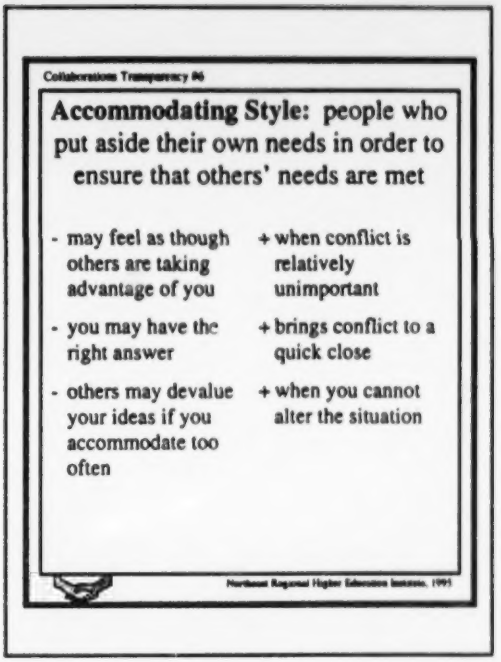
Collaborations Transparency #6
Accommodating Style: people who put aside their own needs in order to ensure that others' needs are met
- may feel as though others are taking advantage of you
- you may have the right answer
- others may devalue your ideas if you accommodate too often
+ when conflict is relatively unimportant
+ brings conflict to a quick close
+ when you cannot alter the situation

Lecture Notes

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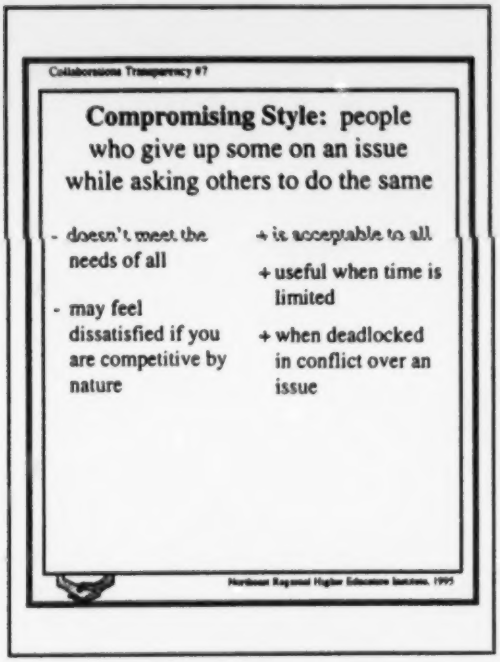
Collaborations Transparency #7
Compromising Style: people who give up some on an issue while asking others to do the same
- doesn't meet the needs of all
- may feel dissatisfied if you are competitive by nature
+ is acceptable to all
+ useful when time is limited
+ when deadlocked in conflict over an issue
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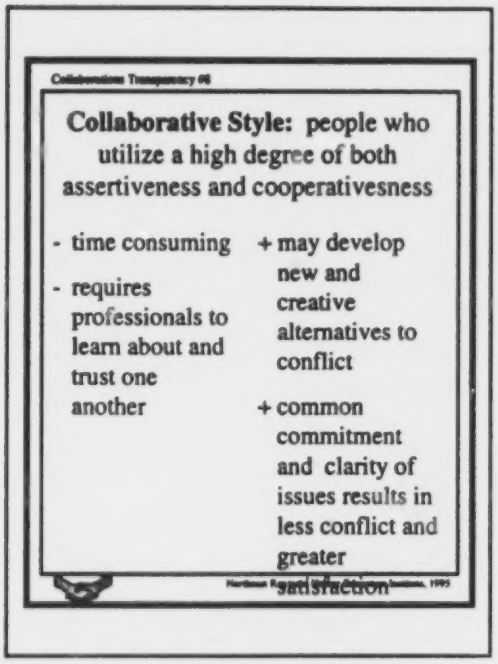
Collaborative Style: people who utilize a high degree of both assertiveness and cooperativesness
- time consuming
- requires professionals to learn about and trust one another
+ may develop new and creative alternatives to conflict
+ common commitment and clarity of issues results in less conflict and greater satisfaction

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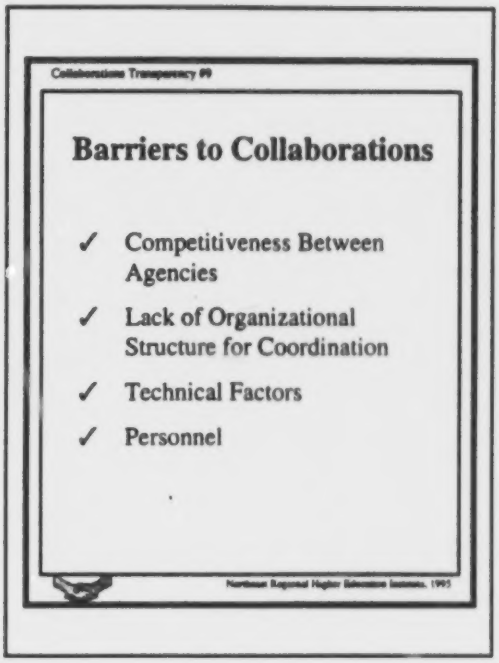
Collaborations Transparency #9
Barriers to Collaborations
✓ Competitiveness Between Agencies
✓ Lack of Organizational Structure for Coordination
✓ Technical Factors
✓ Personnel
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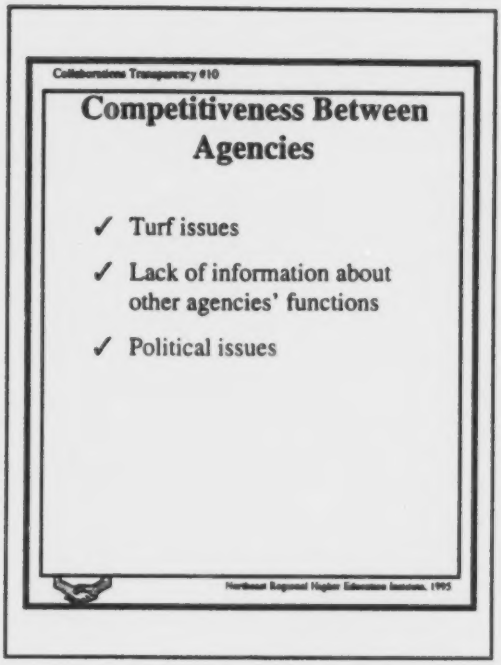
Collaborations Transparency #10
Competitiveness Between Agencies
✓ Turf issues
✓ Lack of information about other agencies' functions
✓ Political issues
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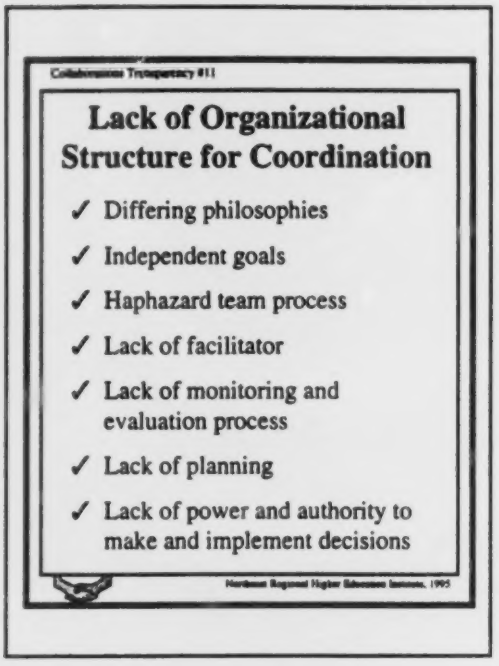
Collaborative Transparency #11
Lack of Organizational Structure for Coordination
✓ Differing philosophies
✓ Independent goals
✓ Haphazard team process
✓ Lack of facilitator
✓ Lack of monitoring and evaluation process
✓ Lack of planning
✓ Lack of power and authority to make and implement decisions
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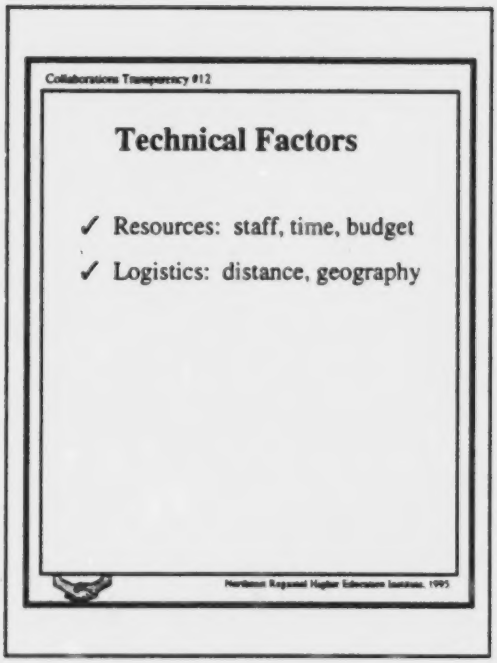
Lecture Notes

Faculty Presentation Guide



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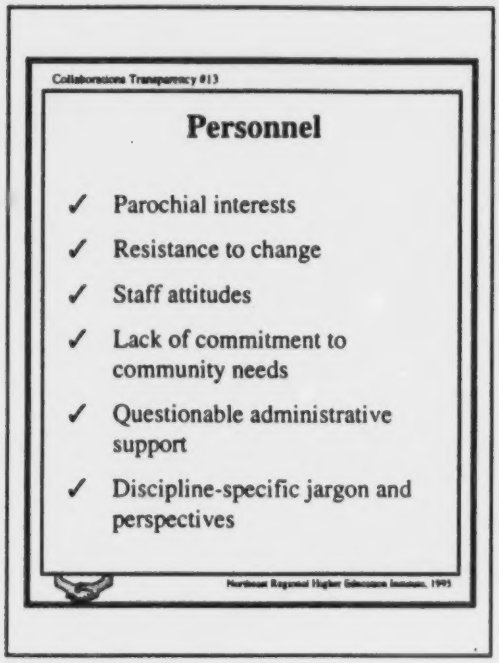

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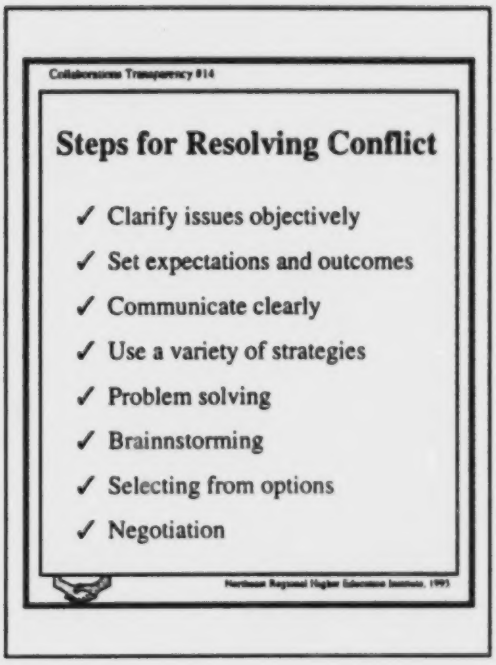

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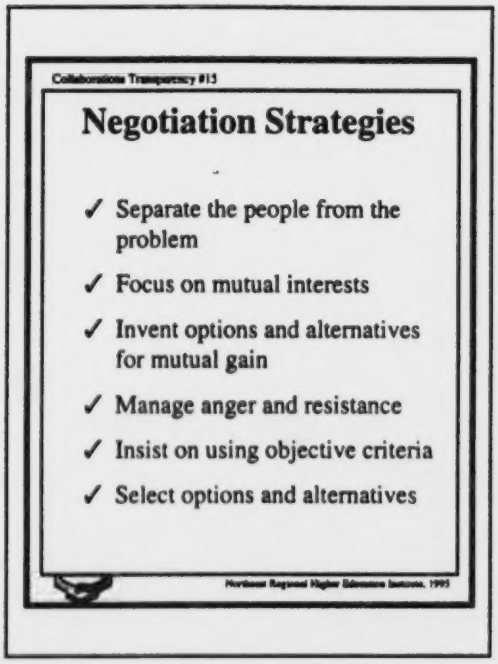
Collaborations Transparency #15
Negotiation Strategies
✓ Separate the people from the problem
✓ Focus on mutual interests
✓ Invent options and alternatives for mutual gain
✓ Manage anger and resistance
✓ Insist on using objective criteria
✓ Select options and alternatives

Lecture Notes

Infants and Toddlers With Special Needs and Their Families

Collaboration

Objectives

Participants will be able to:

- ✓ Provide a rationale for collaboration in early intervention
- ✓ Describe the barriers to collaboration
- ✓ Describe ways in which individuals manage conflict during collaboration
- ✓ Identify the types of conflict management style used by an individual
- ✓ Describe ways to resolve conflict

Rationale

- ✓ Improvement of service delivery
- ✓ Reduction in service duplicatio
- ✓ Links among families and professionals for efficient service utilities

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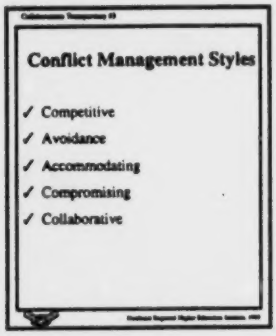
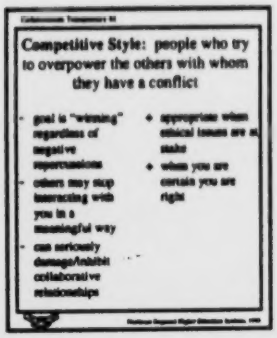
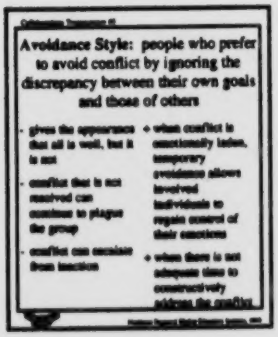



Competitive Style: people who try to overpower the others with whom they have a conflict
- goal is "winning" regardless of negative repercussions
- others may stop interacting with you in a meaningful way
- can seriously damage/inhibit collaborative relationships
+ appropriate when ethical issues are at stake
+ when you are certain you are right


Avoidance Style: people who prefer to avoid conflict by ignoring the discrepancy between their own goals and those of others
- gives the appearance that all is well, but it is not
- conflict that is not resolved can continue to plague the group
- conflict can escalate from inaction
+ when conflict is emotionally laden, temporary avoidance allows involved individuals to regain control of their emotions
+ when there is not adequate time to constructively address the conflict

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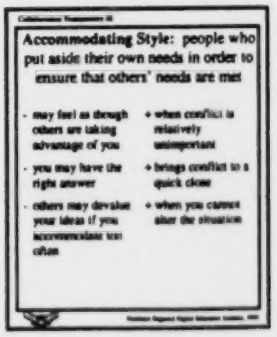
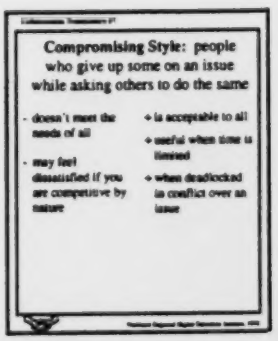
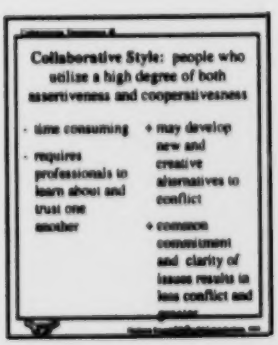

Accommodating Style: people who put aside their own needs in order to ensure that others' needs are met
- may feel as though others are taking advantage of you
- you may have the right answer
- others may devalue your ideas if you accommodate too often
+ when conflict is relatively unimportant
+ brings conflict to a quick close
+ when you cannot alter the situation


Compromising Style: people who give up some on an issue while asking others to do the same
- doesn't meet the needs of all
- may feel dissatisfied if you are competitive by nature
+ is acceptable to all
+ useful when time is limited
+ when deadlocked in conflict over an issue


Collaborative Style: people who utilize a high degree of both assertiveness and cooperativeness
- time consuming
- requires professionals to learn about and trust one another
+ may develop new and creative alternatives to conflict
+ common commitment and clarity of issues results in less conflict and greater

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Barriers to Collaborations

- ✓ Competitiveness Between Agencies
- ✓ Lack of Organizational Structure for Coordination
- ✓ Technical Factors
- ✓ Personnel

Competitiveness Between Agencies

- ✓ Turf issues
- ✓ Lack of information about other agencies' functions
- ✓ Political issues

Lack of Organizational Structure for Coordination

- ✓ Differing philosophies
- ✓ Independent goals
- ✓ Haphazard team process
- ✓ Lack of facilitator
- ✓ Lack of monitoring and evaluation process
- ✓ Lack of planning
- ✓ Lack of power and authority to make and implement decisions

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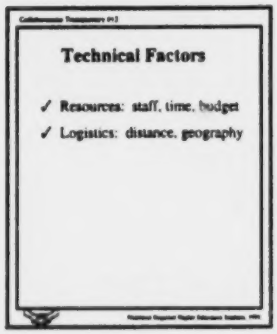

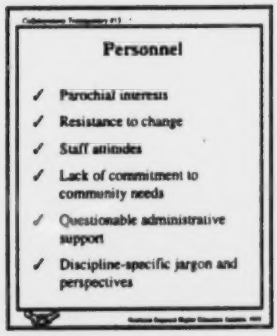

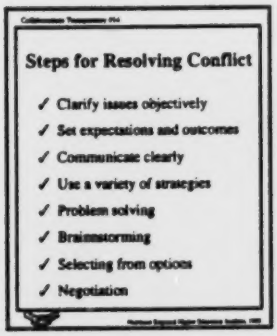

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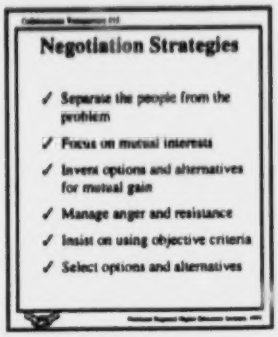
Negotiation Strategies
✓ Separate the people from the problem
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Handout # 1

THOMAS-KILMANN CONFLICT MODE INSTRUMENT*

Consider situations in which you find your wishes differing from those of another person. How do you usually respond to such situations? Following are several pairs of statements describing possible behavioral responses. For each pair, please circle the "A" or "B" statement that is most characteristic of your own behavior. In many cases, neither the "A" nor the "B" statement may be very typical of your behavior; but please select the response that you would be more likely to use.

1. A. There are times when I let others take responsibility for solving the problem.
   B. Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.
2. A. I try to find a compromise solution.
   B. I attempt to deal with all of his/her and my concerns.
3. A. I am usually firm in pursuing my goals.
   B. I might try to soothe the other's feelings and preserve our relationship.
4. A. I try to find a compromise solution.
   B. I sometimes sacrifice my own wishes for the wishes of the other person.
5. A. I consistently seek the other's help in working out a solution.
   B. I try to do what is necessary to avoid useless tensions.
6. A. I try to avoid creating unpleasantness for myself.
   B. I try to win my position.
7. A. I try to postpone the issue until I have had some time to think it over.
   B. I give up some points in exchange for others.
8. A. I am usually firm in pursuing my goals.
   B. I attempt to get all concerns and issues immediately out in the open.
9. A. I feel that differences are not always worth worrying about.
   B. I make some effort to get my way.
10. A. I am firm in pursuing my goals.
    B. I try to find a compromise solution.
11. A. I attempt to get all concerns and issues immediately out in the open.
    B. I might try to soothe the other's feelings and preserve our relationship.
12. A. I sometimes avoid taking positions which would create controversy.
    B. I will let the other person have some of his/her positions if he/she lets me have some of mine.
13. A. I propose a middle ground.
    B. I press to get my points made.
14. A. I tell the other person my ideas to ask for his/hers.
    B. I try to show the other person the logic and benefits of my position.

15. A. I might try to soothe the other's feelings and preserve our relationship.
    B. I try to do what is necessary to avoid tensions.

16 A. I try not to hurt the other's feelings.
    B. I try to convince the other person of the merits of my position.

17. A. I am usually firm in pursuing my goals.
    B. I try to do what is necessary to avoid useless tensions.

18. A. If it makes other people happy, I might let them maintain their views.
    B. I will let other people have some of their positions if they let me have some of mine.

19. A. I attempt to get all concerns and issues immediately out in the open.
    B. I try to postpone the issue until I have had some time to think it over.

20. A. I attempt to immediately work through our differences.
    B. I try to find a fair combination of gains and losses for both of us.

21. A. In approaching negotiations, I try to be considerate of the other person's wishes.
    B. I always lean toward a direct discussion of the problem.

22. A. I try to find a position that is intermediate between his/hers and mine.
    B. I assert my wishes.

23. A. I am very often concerned with satisfying all our wishes.
    B. There are times when I let others take responsibility for solving the problem.

24. A. If the other's position seems very important to him/her, I would try to meet his/her wishes.
    B. I try to get the other person to settle for a compromise.

25. A. I try to show the other person the logic and benefits of my position.
    B. In approaching negotiations, I try to be considerate of the other person's wishes.

26. A. I propose a middle ground.
    B. I am nearly always concerned with satisfying all our wishes.

27. A. I sometimes avoid taking positions that would create controversy.
    B. If it makes other people happy, I might let them maintain their views.

28. A. I am usually firm in pursuing my goals.
    B. I usually seek the other's help in working out a solution.

29. A. I propose a middle ground.
    B. I feel that differences are not always worth worrying about.

30. A. I try not to hurt the other's feelings.
    B. I always share the problem with the other person so that we can work it out.

*Thomas/Kilmann, *Thomas-Kilmann Conflict Mode Instrument*, Copyright 1974, Xicom, Inc., Tuxedo, New York.

Scoring the Thomas-Kilmann Conflict Mode Instrument

Circle the letters below which you circled on each item of the questionnaire.

	Competing (forcing)	Collaborating (problem solving)	Compromising (sharing)	Avoiding (withdrawal)	Accommodating
1.				A	B
2.		B	A		
3.	A				B
4.			A		B
5.		A		B	
6.	B			A	
7.			B	A	
8.	A	B			
9.	B			A	
10.	A		B		
11.		A			B
12.			B	A	
13.	B		A		
14.	B	A			
15.				B	A
16.	B				A
17.	A			B	
18.			B		A
19.		A		B	
20.		A	B		
21.		B			A
22.	B		A		
23.		A		B	
24.			B		A
25.	A				B
26.		B	A		
27.				A	B
28.	A	B			
29.			A	B	
30.		B			A

Total number of items circled in each column

Competing	Collaborating	Compromising	Avoiding	Accommodating

In which column did you receive the highest score?

Handout #2

HOW WELL DO YOU NEGOTIATE?

A Self-Evaluation

Please circle the most appropriate answer.

1. Do you generally go into negotiations well prepared?
   (a) Very frequently
   (b) Often
   (c) Sometimes
   (d) Not very often
   (e) Play it by ear

2. How uncomfortable do you feel when facing direct conflict?
   (a) Very uncomfortable
   (b) Quite uncomfortable
   (c) Don't like it but face it
   (d) Enjoy the challenge somewhat
   (e) Welcome the opportunity

3. How do you look at negotiation?
   (a) Highly competitive
   (b) Mostly competitive but a good part cooperative
   (c) Mostly cooperative but a good part competitive
   (d) Very cooperative
   (e) About half cooperative and competitive

4. What kind of deal do you go for?
   (a) A good deal for both parties
   (b) A better deal for you
   (c) A better deal for him
   (d) A very good deal for you and better than no deal for him
   (e) Every person for themselves

5. Do you like to negotiate with merchants (furniture, cars, major appliances)?
   (a) Love it
   (b) Like it
   (c) Neither like nor dislike it
   (d) Rather dislike it
   (e) Hate it

6. Are you a good listener?
   (a) Very good
   (b) Better than most
   (d) Below average
   (e) Poor listener

7. How do you feel about ambiguous situations - situations which have a good many pros and cons?
   (a) Very uncomfortable. Like things one way or another.
   (b) Fairly uncomfortable.
   (c) Don't like it but can live with it.
   (d) Undisturbed. Find it easy to live with.
   (e) Like it that way. Things are hardly ever one way or another.

8. How would you feel about negotiating a 10% raise with your boss if the average raise in the department is 5%?
   (a) Don't like it at all. Would avoid it.
   (b) Don't like it but would make a pass at it reluctantly.
   (c) Would do it with little apprehension.
   (d) Make a good case and not afraid to try it.
   (e) Enjoy the experience and look forward to it.

9. How good is your business judgment?
   (a) Experience show that it's very good
   (b) Good
   (c) As good as most other executives
   (d) Not too good
   (e) I hate to say it, but I guess I'm not quite with it when it comes to business matters

10. When you have the power, do you use it?
   (a) I use it to the extent I can
   (b) I use it moderately without any guilt feelings
   (c) I use it on behalf of fairness as I see fairness
   (d) I don't like to use it
   (e) I take it easy on the other fellow

11. How do you feel about getting personally involved with the other party?
   (a) I avoid it
   (b) I'm not quite comfortable
   (c) Not bad - not good
   (d) I'm attracted to getting close to him
   (e) I go out of my way to get close. I like it that way.

12. How sensitive are you to the personal issues facing the opponent in negotiation? (The nonbusiness issues like job security, workload, vacation, getting along with the boss, not rocking the boat.)
   (a) Very sensitive
   (b) Quite sensitive
   (c) Moderately
   (d) Not too sensitive
   (e) Hardly sensitive at all

13. How committed are you to the opponent's satisfaction?
   (a) Very committed. I try to see that he doesn't get hurt
   (b) Somewhat committed
   (c) Neutral but I hope he doesn't get hurt
   (d) I'm a bit concerned
   (e) It's everyone for themselves

14. Do you carefully study the limits of the other person's power?
   (a) Very much so
   (b) Quite a bit
   (c) I weigh it
   (d) It's hard to do because I'm not him
   (e) I let things develop at the session

15. How do you feel about making a very low offer when you buy?
   (a) Terrible
   (b) Not too good but I do it sometimes
   (c) I do it only occasionally
   (d) It's hard to do because I'm not him
   (e) I make it a regular practice and feel quite comfortable

16. How do you usually give in?
   (a) Very slowly, if at all
   (b) Moderately slowly
   (c) About at the same pace he does
   (d) I try to move it along a little faster by giving more
   (e) I don't mind giving in hefty chunks and getting to the point

17. How do you feel about taking risks that affect your career?
   (a) Take considerably larger risks than most people
   (b) Somewhat more risk than most
   (c) Somewhat less risk than most
   (d) Take slight risk on occasion but not much
   (e) Rarely take career risks

18. How do you feel with those of higher status?
   (a) Very comfortable
   (b) Quite comfortable
   (c) Mixed feelings
   (d) Somewhat uncomfortable
   (e) Very uncomfortable

19. How well did you prepare for the negotiation of the last house or car you bought?
   (a) Thoroughly
   (b) Quite well
   (c) Moderately
   (d) Not well
   (e) Played it by ear

20. How well do you think when **not** under pressure (compared to your peers)?
   (a) Very well
   (b) Better than most
   (c) Average
   (d) A little worse than most
   (e) Not too good

21. How would you feel if you had to say, "I don't understand that", four times after four explanations?
   (a) Terrible - wouldn't do it
   (b) Quite embarrassed
   (c) Would feel awkward
   (d) Would do it without feeling too badly
   (e) Wouldn't hesitate

22. How well do you handle tough questions in negotiations?
   (a) Very well
   (b) Above average
   (c) Average
   (d) Below average
   (e) Poorly

23. Do you ask probing questions:
(a) Very good at it
(b) Quite good
(c) Average
(d) Not very good
(e) Pretty bad at it

24. Are you close-mouthed about your business?
(a) Very secretive
(b) Quite secretive
(c) Secretive
(d) Tend to say more than I should
(e) Talk too much

25. How confident are you about your knowledge in your own field or profession (compared to your peers)?
(a) Much more confident than most
(b) Somewhat more confident
(c) Average
(d) Somewhat less confident
(e) Not very confident, frankly

26. You are the buyer of some construction services. The design is changed because your spouse wants something different. The contractor now asks for more money for the change. You need him badly because he's well into the job. How do you feel about negotiating the added price?
(a) Jump in with both feet
(b) Ready to work it out but not anxious to
(c) Don't like it but will do it
(d) Dislike it very much
(e) Hate the confrontation

INSTRUCTIONS

To evaluate yourself, check the answer key and add your positive and negative scores separately. Subtract them from each other.

A score between +250 and +340 indicates you are probably negotiating well already. The range of +180 to +250 suggests you have a good measure of the qualities it takes to negotiate successfully. Negative scores, however, show that your skills needed for effective negotiating can use improvement!

ANSWER KEY

1.	(a) + 20	(b) + 15	(c) + 5	(d) - 10	(e) - 20
2.	(a) - 10	(b) - 5	(c) + 10	(d) + 10	(e) - 5
3.	(a) - 15	(b) + 15	(c) + 10	(d) - 15	(e) + 5
4.	(a) + 10	(b) + 5	(c) - 10	(d) + 10	(e) - 5
5.	(a) + 3	(b) + 6	(c) + 6	(d) - 3	(e) - 5
6.	(a) + 15	(b) + 10	(c) 0	(d) - 10	(e) - 15
7.	(a) - 10	(b) - 5	(c) + 5	(d) + 10	(e) + 10
8.	(a) - 10	(b) + 5	(c) + 10	(d) + 13	(e) + 10
9.	(a) + 20	(b) + 15	(c) + 5	(d) - 10	(e) - 20
10.	(a) + 5	(b) + 15	(c) + 10	(d) - 5	(e) 0
11.	(a) - 15	(b) - 10	(c) 0	(d) + 10	(e) + 15
12.	(a) + 16	(b) + 12	(c) + 4	(d) - 5	(e) - 15
13.	(a) + 12	(b) + 6	(c) 0	(d) - 2	(e) - 10
14.	(a) + 15	(b) + 10	(c) + 5	(d) - 5	(e) - 10
15.	(a) - 10	(b) - 5	(c) + 5	(d) + 15	(e) + 15
16.	(a) + 15	(b) + 10	(c) - 3	(d) - 10	(e) - 15
17.	(a) + 5	(b) + 10	(c) 0	(d) - 3	(e) - 10
18.	(a) + 10	(b) + 8	(c) + 3	(d) - 3	(e) - 10
19.	(a) + 15	(b) + 10	(c) + 5	(d) - 5	(e) - 15
20.	(a) + 15	(b) + 10	(c) + 5	(d) 0	(e) - 5
21.	(a) - 8	(b) - 3	(c) + 3	(d) + 8	(e) + 12
22.	(a) + 10	(b) + 8	(c) + 2	(d) - 3	(e) - 10
23.	(a) + 10	(b) + 8	(c) + 3	(d) 0	(e) - 5
24.	(a) + 10	(b) + 10	(c) + 8	(d) - 8	(e) - 15
25.	(a) + 12	(b) + 8	(c) + 4	(d) - 5	(e) - 10
26.	(a) + 15	(b) + 10	(c) 0	(d) - 10	(e) - 15

Handout #3

Child: Polly (18 months)

Other Children: None

Parents: Brenda (28 years old)
Mark (29 years old)

Polly is 18 months old and lives with her family in central Connecticut. She was born prematurely, and is the sole survivor of a set of triplets. Polly was hospitalized for 13 months following birth. Her medical and developmental conditions include:

- Brain damage
- Heart problems
- Frequent infections that result in hospitalizations
- Dependency on oxygen
- Self-abusive episodes, including severe head banging

Because of her condition, Polly and her family have been receiving a variety of services, including:

- Health care through her primary pediatrician
- Occupational therapy once per week
- Speech therapy once every other week
- Physical therapy once per week
- Home education through a Regional Education Service Center (RESC) twice per week
- Sixteen hours a day of home nursing care
- Medical supply vendors delivering special formulas and oxygen
- Specialty care at the hospital through a variety of clinics

The family regularly has many professionals coming to and going from their house. During the five months that Polly has been home services have been provided by five therapists, two teachers, ten nurses, and a hospital-based team comprised of a physician, two nurses, a

psychologist, a full range of therapists, and a social worker. Also assigned to Polly's care are two social workers, three program supervisors, and three case managers from three separate agencies.

It is not surprising that Polly's parents are often caught in the middle of conflicts among the various professionals; each of whom seems to have a different opinion about Polly's needs, appropriate treatments, payment options, and service schedules. For example, each of the three case managers gave the family different information about their eligibility for various sources of public funding, including the Medicaid Waiver. As a result, their application for benefits was delayed and they had to pay several thousand dollars out-of-pocket for some of Polly's care. In addition, the nursing agency and the different therapists disagree about the amount of therapy Polly needs, and therefore do not cooperate with one another. Because there is no coordination among the service agencies and providers, the family finds that the services Polly receives often cause confusion in their lives. A week in their house looks like this:

- Monday: 16 hours nursing/teacher/ supervisor/Department of Income Maintenance case manager
- Tuesday: 16 hours nursing/OT/DMR case manager
- Wednesday: 16 hours nursing/teacher/ clinic visit at tertiary care hospital/PT
- Thursday: 16 hours nursing/PT/vendor delivery/nurse supervisor/ teacher
- Friday: 16 hours nursing/speech therapy/adaptive equipment fitting at tertiary care hospital
- Saturday: 16 hours nursing
- Sunday: 16 hours nursing

The family has concluded that caring for Polly is <u>not</u> the primary cause of their stress, rather that the multiple layers of fragmented services are causing much havoc in their family. Polly's parents are now seeking out-of-home placement for her because they feel the need to put some order back into their lives. Neither parent feels "functional" with so many people in and out of the house. In Polly's case, one of the intents of P.L. 99-457, reducing the likelihood of institutionalization, has not been realized.

Infants and Toddlers With Special Needs and Their Families

Collaboration

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #1

Objectives

Participants will be able to:

- ✓ Provide a rationale for collaboration in early intervention
- ✓ Describe the barriers to collaboration
- ✓ Describe ways in which individuals manage conflict during collaboration
- ✓ Identify the types of conflict management style used by an individual
- ✓ Describe ways to resolve conflict

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #2

Rationale

- ✓ Improvement of service delivery
- ✓ Reduction in service duplicatio
- ✓ Links amoung families and professionals for efficient service utilities

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #3

Conflict Management Styles

- ✓ Competitive
- ✓ Avoidance
- ✓ Accommodating
- ✓ Compromising
- ✓ Collaborative

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #4

Competitive Style: people who try to overpower the others with whom they have a conflict

- goal is "winning" regardless of negative repercussions
- others may stop interacting with you in a meaningful way
- can seriously damage/inhibit collaborative relationships

+ appropriate when ethical issues are at stake
+ when you are certain you are right

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #5

Avoidance Style: people who prefer to avoid conflict by ignoring the discrepancy between their own goals and those of others

- gives the appearance that all is well, but it is not
- conflict that is not resolved can continue to plague the group
- conflict can escalate from inaction

+ when conflict is emotionally laden, temporary avoidance allows involved individuals to regain control of their emotions
+ when there is not adequate time to constructively address the conflict

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #6

Accommodating Style: people who put aside their own needs in order to ensure that others' needs are met

- may feel as though others are taking advantage of you
- you may have the right answer
- others may devalue your ideas if you accommodate too often

+ when conflict is relatively unimportant
+ brings conflict to a quick close
+ when you cannot alter the situation

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #7

Compromising Style: people who give up some on an issue while asking others to do the same

- doesn't meet the needs of all
- may feel dissatisfied if you are competitive by nature

+ is acceptable to all
+ useful when time is limited
+ when deadlocked in conflict over an issue

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #8

Collaborative Style: people who utilize a high degree of both assertiveness and cooperativesness

- time consuming
- requires professionals to learn about and trust one another

+ may develop new and creative alternatives to conflict
+ common commitment and clarity of issues results in less conflict and greater satisfaction

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #9

Barriers to Collaborations

- ✓ Competitiveness Between Agencies
- ✓ Lack of Organizational Structure for Coordination
- ✓ Technical Factors
- ✓ Personnel

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #10

Competitiveness Between Agencies

- ✓ Turf issues
- ✓ Lack of information about other agencies' functions
- ✓ Political issues

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #11

Lack of Organizational Structure for Coordination

- ✓ Differing philosophies
- ✓ Independent goals
- ✓ Haphazard team process
- ✓ Lack of facilitator
- ✓ Lack of monitoring and evaluation process
- ✓ Lack of planning
- ✓ Lack of power and authority to make and implement decisions

Northeast Regional Higher Education Institute, 1995

Collaborations Transparency #12

Technical Factors

- ✓ Resources: staff, time, budget
- ✓ Logistics: distance, geography

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Collaborations Transparency #13

Personnel

- ✓ Parochial interests
- ✓ Resistance to change
- ✓ Staff attitudes
- ✓ Lack of commitment to community needs
- ✓ Questionable administrative support
- ✓ Discipline-specific jargon and perspectives

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Collaborations Transparency #14

Steps for Resolving Conflict

- ✓ Clarify issues objectively
- ✓ Set expectations and outcomes
- ✓ Communicate clearly
- ✓ Use a variety of strategies
- ✓ Problem solving
- ✓ Brainnstorming
- ✓ Selecting from options
- ✓ Negotiation

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Collaborations Transparency #15

Negotiation Strategies

- ✓ Separate the people from the problem
- ✓ Focus on mutual interests
- ✓ Invent options and alternatives for mutual gain
- ✓ Manage anger and resistance
- ✓ Insist on using objective criteria
- ✓ Select options and alternatives

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Infants and Toddlers With Special Needs and Their Families

Collaborative Consultation

Northeast Regional Higher Education Institute, 1995

Instructional Module

Infants and Toddlers with Disabilities and Their Families:

Collaborative Consultation

PART ONE

I. Objectives
II. Outline
III. Explanatory Materials
IV. Evaluation
V. Resource Material

Instructional Module
Infants and Toddlers with Disabilities and Their Families: Collaborative Consultation

I. Objectives

Participants will:

1. Provide a rationale for consultation in early intervention
2. Define collaborative consultation
3. Describe principles of collaborative consultation
4. Describe strategies to use during collaborative consultation
5. Provide examples of collaborative consultation

II. OUTLINE

A. Rationale--Consultation can:

1. be used to resolve a needs, issue or problem.
2. improve the understanding that individuals have of issues and their ability to respond effectively to similar problems on the future.
3. decrease the number of service providers involved with the direct service delivery.

B. Definition: An interactive process which enables people with diverse expertise to generate creative solutions to mutually defined problems.

C. Principles

1. Mutual ownership of the process
2. Recognition of individual differences in the change process
3. Use of reinforcement principles and practices to improve skills, knowledge and attitudes
4. Use of data based decision making

D. Strategies

1. Treat others with respect
2. Share relevant information
3. Use appropriate language
4. Listen to others
5. Model the use of interview skills
6. Demonstrate a willingness to learn from others
7. Give and receive feedback

8. Give others credit for their ideas and accomplishments
9. Manage conflict and confrontation appropriately
10. Adapt situational leadership to Collaborative Consultation

E. Examples
   1. Therapy
   2. Childcare

F. Activity
   1. Evaluate system
   2. Evaluate work environment

III. Explanatory Material/Expansion of Module Outline

A. Rationale: Consultation Can: [Transparency 1]

A number of models for consultation have been used to provide services to children with disabilities (File & Kontos 1992). Generally speaking, consultation is the giving and taking of the information between two or more people to (1) resolve a need, issue, or problem; and (2) improve the understanding that one or both individuals have of these issues and their ability to respond effectively to similar problems in the future (Gutkin & Curtis 1982). One person may be involved with different consultations with different staff. What is most important, however, is the relationship between the two key individuals involved in the consultation. When the consultation involves providing services to a young child with a disability, the child becomes the third person involved.

Consultation can be used to provide two types of services to a child with a disability: direct and indirect (Idol 1993). The consultant can provide direct educational and related services, such as assessment of and instruction in a child's deficit area (Idol, Paolucci-Whitcomb, & Nevin 1986). The consultant can also provide assistance to teachers who have children with disabilities in their classrooms as well as to the parents of these children (Idol 1993). Within an early childhood program that includes children with disabilities, it seems clear that both consultant functions are necessary.

As stated, most of the empirical basis for using consultation has evolved from research on a school-age population of children with disabilities. Although this scope is limited, the studies confirm that consultation is an effective strategy for service delivery (Medway 1982; Medway & Updyke 1985; Sibley 1986; Gresham & Kendall 1987, West & Idol 1987; Kratochwill, Sheridan, & VanSomeren 1988; Bergan & Kratochwill 1990). In particular, consulting models of indirect service delivery in special education and related services has proven to be as effective as direct services provided in a pull-out (of the classroom) model when measures of children's achievement are compared (Miller & Sabatino 1978; Dunn 1990; Schulte, Osborne, & McKinney 1990). More important, however, teachers who called on consultants demonstrated positive changes in instructional techniques when using a consultant to meet a child's educational need (Meyers, Gelzheiser, & Yelich 1991). These

outcomes have been replicated within early childhood settings (Peck, Killen, & Baugmart 1989; Dunn 1990; Hanline 1990).

B. Definition: [Transparency 2]

Related research on consultation strategies has focused on the methods used during the process of problem solving (Tindal, Shinn, & Rodden-Nord 1990). Evidence suggests that both special educators and general educators prefer a collaborative model (Wenger 1979; Babcock & Pryzwansky 1983; Pryzwansky & White 1983) rather than an expert model. The collaborative model, derived from Tharp and Werzel 1969, has been defined as

> an interactive process which enables people with diverse expertise to generate creative solutions to mutually defined problems. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their nonhandicapped peers. (Idol, Paolucci-Whitcomb, & Nevin 1986, p. 1)

Collaborative consultation encompasses a number of interpersonal competencies that cross discipline boundaries, including written and oral communication skills; personal characteristics, such as the ability to be caring, respectful, empathic, congruent and open; and collaborative problem solving skills (West & Cannon 1988). The last attribute, in particular, is crucial to the development of a relationship of parity between both (or all, if there are more than two) individuals involved in the consultation.

C. Principles: [Transparency 3]

A number of principles have been identified as contributing to the successful implementation of collaborative consultation among professionals from disciplines (Idol, Paolucci-Whitcomb, & Nevin 1986):

- *Mutual ownership of the process.* It is important that the participants in the consultation together identifying the need, issue, or problem. They should accept mutual responsibility or ownership of the consulting process and subsequent outcomes. Each person must respect, recognize, and appreciate the others' expertise.

• *Recognition of individual differences in the change process.* All parties should be aware of the change process and the developmental stages of concern for change that have been identified (Hall & Loucks 1978). It is important that both recognize that people embrace change differently, at different rates and at different emotional levels.

• *Use of reinforcement principles and practices to improve skills, knowledge, and attitudes.* When all of those involved in the consultation use effective teaching skills with each other and with the child with disabilities, positive outcomes accrue for all.

• *Use of data-based decision making.* The implementation of collaborative consultation strategies requires the adoption of a model of evaluation that measures the functional outcome of a child's behavior. The effects of each participant on the identified need, issue, or problem must be analyzed continuously to evaluate the effectiveness of the collaboration.

D. Strategies: [Transparency 4]

A number of strategies have been identified to assist in the collaborative consultation process. These strategies are crucial to the delivery of services. They will be described:

1. *Treat others with respect.* Collaborators need to treat each other with respect (Corey & Corey, 1992; West et al., 1989) This is important throughout the consultation process, but it is especially important in gaining entry and building team goals. Collaborators can model respect for other people by listening to them, by sharing information, by engaging in joint problem solving, by maintaining confidentiality, and by treating one another in a mannerly fashion. Collaborators must listen to descriptions about what kind of special assistance other team members think they want and need. Likewise, collaborators need to explain what they think their own special skills are so that, together, they can determine how they can best work together to provide educational services. It is especially important that collaborators show respect for each other by keeping team information confidential (Brill, 1990; Lippitt & Lippitt, 1986; Shulman, 1984). Collaborators should never discuss other members of the team unless they have specific permission to do so.

2. *Share relevant information.* Collaborators need to share information about their own skills in assessment, instruction, and evaluation so

they will be able to determine when and how to request one another's assistance (Friend & Cook, 1992; West et al., 1989). Brief, clear descriptions of assessment, instruction, and evaluation instruments and techniques will enable collaborators to gain some idea about how they might use each other's assistance (Idol, 1993; Lippitt & Lippitt, 1986; Montgomery, 1980; West et al., 1989).

3. *Use appropriate language.* Appropriate language increases the probability of shared meaning (Friend & Cook, 1992, Idol, 1993; Johnson, 1986; Verderber, 1981). Collaborators should be able to describe their program goals and special skills in a language that is familiar to other school personnel. Occasionally, it is appropriate for collaborators to use a new term because it is the most effective and accurate way of describing a behavior, procedure, or material. When that happens, it is important for the sender to explain the new term and the purpose for its use so that it can quickly become shared information and therefore a part of all of the team members' repertoire.

4. *Listen to others.* Collaborators can use appropriate listening skills in at least two ways: First, they can model passive listening by just keeping quiet and really listening to what others say. Second, they can use active listening by providing feedback on what they think others have said. This feed back process provides others with the opportunity either to confirm that they heard correctly or to correct any inaccuracy the interpretation of their original message (Conoley & Conoley, 1982; Gordon, 1980; Johnson, 1986, 1990; Montgomery 1980, Verderber, 1981. West et al. (1989, Module 14) have offered training opportunities on six specific appropriate listening and responding skills (acknowledging, paraphrasing, reflecting, clarifying, elaborating, and summarizing).

5. *Model the use of interview skills.* Collaborators need to use specific interviewing skills so that they can gain information from others, share information, express and explore their feelings about working together, solve problems, and plan appropriate future action on behalf of learners. The interview process provides an opportunity for collaborators to model purposeful and directed verbal interactions that can help to increase a shared information base and a willingness to work with others. Later, classroom teachers can use those same skills when working with learners in their own classrooms (Benjamin, 1987; Molyneaux & Lane, 1982; West et al., 1989).

6. *Demonstrate a willingness to learn from others.* Collaborators must demonstrate a willingness to learn from others if they want others to learn from them (Montgomery, 1980). Collaborative consultation is a problem-solving process in which the members have many chances to learn and teach one another. All members have specific, yet different, skills and knowledge to share. Some collaborators have knowledge about special education assessment and intervention techniques, while others have specific knowledge about curriculum, child development, content area specifics, and so on. Thus, collaborative consultation team members have different but equally valued knowledge and skills that need to be s hared for the benefit of all learners (Gordon, 1980; Lippitt & Lippitt, 1986).

7. *Give and receive feedback.* Giving and receiving feedback is of vital importance to the chance process (Conoley & Conoley, 1982; Friend & Cook, 1992; Heresy & Blanchard, 1988; Idol, 1993; Johnson, 1986; Verderber, 1981; West et al., 1989, Module 21): It is often helpful to identify at least two areas that deserve positive feedback; one area that needs improvement, and then one or two areas of strength. Feedback should be specific, immediate, and appropriate. Collaborators should engage in both giving and receiving feedback. One strategy for doing this is to say, "I think I did those two things very well, but it seems as if I need to improve here. However, it does make me feel good to know that identifying and adapting intervention techniques are two of my major strengths. How do you think I could improve those two techniques?" This situation provides an opportunity for collaborators to model both the process of self-evaluation and the process of requesting feedback. Collaborators also model the technique of requesting a perception check by obtaining their team members' view of their own skills. Collaborators can give feedback by responding to others' views of their own strengths and areas in need of improvement. A major concept that is built through this process is that the focus of change is on behaviors, not people. There are no good or bad people or techniques but rather areas of strength or effectiveness and areas that need improvement. Patience, mutual respect, and shared skills can, however, make the process of giving and receiving feedback easier and more enjoyable.

8. *Give others credit for their ideas and accomplishments.* Collaborative consultation is a shared process of responsibilities and rewards (West et al., 1989, Module 22). Collaborators can model the practice of

giving others credit for their ideas and accomplishments. That includes providing credit for ideas in written materials, as well. This practice increases the probability that collaborators will share their knowledge and rewards, thus providing increased strength and willingness to identify and solve more problems.

9. *Manage conflict and confrontation appropriately.* Conflicts or disagreements are inevitable in human relationships. The goal is for collaborators to model the appropriate use of confrontation skills so that a no-lose method of resolving conflict is utilized. When appropriate confrontation skills are used, both parties express their points of view and listen to each other. They use "I" messages to express their needs, feelings, and concerns, instead of blaming the other person for their conflicts. Finally, they search together for creative and mutually acceptable solutions (Friend & Cook, 1992, Gordon, 1980; Johnson, 1986, 1990, West et al., 1989, Module 23).

10. *Adapt situational leadership to Collaborative consultation.* Collaborators need to determine the attitude and skill levels of the people they will be collaborating with, so that they can adjust their collaboration styles to match the maturity level of each member of the group. Maturity levels should be identified by determining each member's willingness, as well as skills, and knowledge to provide special or remedial services. The amount of special education coursework the collaborator has completed and the number of years the collaborator provided effective services are two possible indicators of their willingness and ability to work with learners with special needs. The concept of situational collaboration has been adapted from situational leadership, which was described by Hersey and Blanchard (1988) and Toseland and Rivas (1984).

Consultation appears likely to become an increasingly prominent method of service delivery for early childhood special educators and related- service personnel (File & Kontos 1992). Many program models that include children with disabilities in community early childhood programs have supported this model (Bagnato, 1988; Bruder 1993). However, the strategy of collaborative consultation for service delivery by professionals from different disciplines cannot be advocated without noting the barriers. Staff from different agencies who often have different philosophies of service, financial resources, and time constraints, may not understand and respect one another's professional frameworks and skills

(Johnson, Pugach, & Hammitte 1988; Johnson Pugach 1991). Sometimes staff from one agency or discipline perceive themselves to be more highly skilled than are staff from the other discipline (Carter 1989; Pugach & Johnson 1989). This often can happen in the context of a collaboration between an early childhood teacher and a special educator; the teacher may be less skilled than the special educator in intervention, although she is more skilled in many other aspects of working with young children. All staff involved need to acknowledge such existing barriers before beginning the collaboration. All staff involved must demonstrate mutual respect for each other because each professional will benefit from the others' expertise. This is the very core of a collaborative consultation relationship.

E. Example:

How could the collaborative consultation model be used in the following case histories:

1. Therapy: [Handout 1]

Child: Kara (age 4 years)

Other Children: None

Parent(s) Maya (mother age 24)

John (father age 23)

Possible solution for implementing the collaborative consultation model of service delivery:

> Before asking for Kara's removal from the Head Start program, the program director requested a meeting between the classroom teacher, the speech pathologist, the psychologist, and Kara's parents. At the meeting the group decided to try one more strategy to try to help Kara's behavior. The speech pathologist agreed to redistribute her time with Kara, although she expressed uncertainty about the chances of Kara learning better communication and language skills outside a distraction-free therapy environment. She began to spend time with Kara in the classroom twice a week and used her third day to meet with the teacher during lunchtime to help identify approaches the teacher could use to help Kara communicate

her needs more effectively. The psychologist also agreed to come to the classroom twice a week to record the times when Kara's problematic behavior seemed be worse. He met with the teacher and parents weekly to identify the events that led to the behavior episodes and the strategies that seemed to help Kara. He also demonstrated to both Kara's teacher and her parents techniques that seemed to be effective with Kara. For example, Kara was given a sticker chart, which was used by the teacher every time Kara appropriately communicated her needs. She was also given more verbal cues to prepare her for transitions, a particularly difficult time for her. After six weeks of consultation, Kara's behavior showed a big improvement, and the psychologist reduced his time investment to twice-a-month visits with the teacher. Kara's speech and language has improved, and the speech pathologist has learned to provide services within Kara's classroom activities, in group situations. The teacher also feels much more comfortable and effective in meeting Kara's needs.

2. Childcare: [Handout 2]

Child: Joley (age 4 years)

Other Children: None

Parent(s) Mary (mother)

Possible solution for implementing the collaborative consultation model of service delivery:

Joley's mother agreed with the child care staff to request a meeting with the staff at the special education center. At the meeting she asked if there was any way the special education staff could help the child care staff. The members of the special education staff agreed to consult with the child care staff on a weekly basis to help them teach intervention techniques to use with Joley to address all of her developmental needs. The process was hard in the beginning because schedules were difficult to coordinate. Before long, however, members from both programs felt comfortable with each other and began to jointly help each other problem solve to meet Joley's needs. After four months of this regular communication and teaching

and learning from each other, the special education staff believed that they should stop taking Joley out of her natural environment every day because the child care staff was doing such a good job incorporating her individualized interventions and adaptations into their classroom routines. Certain members of the special education team increased their visits to see Joley at the child care center to make up for their lack of daily contact, and evaluations of her progress suggested that this change in intervention benefited her enormously.

F. Activities:

Use the following evaluation tools to perform self checks

1. Evaluate the system [Handout 3]

Evaluation of system for monitoring collaborator acquisition and practice of generic principles of collaborative consultation.

	Never		So-So		Often
I feel team ownership of the identified problem.	1	2	3	4	5
I recognize and respect individual differences.	1	2	3	4	5
I use situational leadership.	1	2	3	4	5
I use cooperative conflict-resolution processes.	1	2	3	4	5
I use appropriate interviewing skills.	1	2	3	4	5
I actively listen to others.	1	2	3	4	5
I communicate using common nonjargon and positive nonverbal language.	1	2	3	4	5

2. **Evaluate the work environment [Handout 4]**

- Collaborative work environment self-assessment.

Instructions: The norms for staff behavior listed below are those frequently found in collaborative work environments in schools. Please read each statement carefully. Then rate the degree to which each statement reflects the current work environment in your school, with 1 = our staff always behaves this way; 2 = our staff behaves this way most of the time; 3 = our staff behaves this way sometimes; 4 = our staff behaves this way rarely; or 5 = our staff never behaves this way.

_____ 1. The staff shares a common language about instructional techniques.

_____ 2. The staff often observes each other in their classrooms and give feedback on instruction.

_____ 3. The staff frequently discusses instructional techniques and methods in the workroom/lounge.

_____ 4. The staff works together to master new instructional methods or strategies.

_____ 5. The staff plans and designs educational materials together.

_____ 6. The staff pools their expertise and shares their resources with each other.

_____ 7. The staff learns from and with each other.

_____ 8. Time is specifically devoted at staff meetings to demonstrate and discuss innovative educational techniques, materials, or strategies.

_____ 9. Discussion in the staff lounge/workroom centers mostly on instructional practices rather than on social concerns or complaints about learners.

_____ 10. Time is specifically provided for professional staff to plan and problem-solve together.

IV. Evaluation

The case histories may be used, also, as evaluation tools by asking one or more of the following questions:

1. How could the collaborative consultation model be used to improve services for this child.

2. Why should the collaborative consultation model be used in early intervention? Use facts from the case history to support your rationale.

Handout #1

Child: Kara (age 4 years)

Other Children: None

Parent(s) Maya (mother age 24)

John (father age 23)

Kara attends a Head Start Program five mornings a week. In October Kara was referred to the special needs coordinator of the local Head Start program because of her behavior problems. Her parents agreed to have her tested by the local school district special education team. The special education team determined that Kara was not eligible for their preschool services but that she could receive speech and language services because of articulation problems. The speech pathologist from the school district began to see Kara three mornings a week in a small room set aside for speech therapy at the Head Start program. The Head Start teacher did not know what went on in the speech room but hoped it was helping Kara's speech. Unfortunately, though, Kara's behavior in class kept getting worse, so that the Head Start director asked the local mental health center to send a psychologist to the classroom to observe Kara. The psychologist asked the classroom teacher to provide a lot of data and suggested that she change her style of teaching. The teacher tried at first, but Kara's behavior did not improve, and the whole classroom routine was disrupted. The psychologist said that he could come to the classroom two hours a week to implement a behavior modification program, but he did not know if it would help. The Head Start staff (especially the teacher) now feel that Kara should be removed from Head Start and sent to a special education school because neither of the specialists have been able to help her. If the special education school will not take her, she will just have to stay at home.

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Handout #2

Child: Joley (age 4 years)

Other Children: None

Parent(s) Mary (mother)

Joley is 4 years old and has Down Syndrome. She has two younger brothers. Her mom, Mary, is single and works two jobs. Joley attends the Busy Bee Child Care Center for a total of seven hours a day. Her mom drops her off at 7:30 for breakfast. Joley spends the rest of the morning at the child care center. She is picked up by a bus at 11:30 to go to a preschool special education center (40 minutes away), where she attends a class every afternoon and receives special education and related services that include speech, occupational, and physical therapy. She returns to the child care center every day at 3:00 p.m. and stays until 6:00 p.m., when her grandmother picks her up. Joley does very well at the child care program, but the teachers think they should be doing more with her. They wish they knew what happened during the special education class and what all the special staff did to her. They also worry about all the transitions Joley has to make in one day. Joley's mother has also expressed concern about all the traveling her daughter has to do between the two programs.

Handout #3

Evaluation of system for monitoring collaborator acquisition and practice of generic principles of collaborative consultation.

Collaborator: _____ **Date:** _____

	Never		**So-So**		**Often**
I feel team ownership of the identified problem.	1	2	3	4	5
I recognize and respect individual differences.	1	2	3	4	5
I use situational leadership.	1	2	3	4	5
I use cooperative conflict-resolution processes.	1	2	3	4	5
I use appropriate interviewing skills.	1	2	3	4	5
I actively listen to others.	1	2	3	4	5
I communicate using common nonjargon and positive nonverbal language.	1	2	3	4	5

Handout #4

Collaborative work environment self-assessment.

Name:_____ **Postion:**_____ **School/Unit**_____

Instructions: The norms for staff behavior listed below are those frequently found in collaborative work environments in schools. Please read each statement carefully. Then rate the degree to which each statement reflects the current work environment in your school, with 1 = our staff always behaves this way; 2 = our staff behaves this way most of the time; 3 = our staff behaves this way sometimes; 4 = our staff behaves this way rarely; or 5 = our staff never behaves this way.

___ 1. The staff shares a common language about instructional techniques.

___ 2. The staff often observes each other in their classrooms and give feedback on instruction.

___ 3. The staff frequently discusses instructional techniques and methods in the workroom/lounge.

___ 4. The staff works together to master new instructional methods or strategies.

___ 5. The staff plans and designs educational materials together.

___ 6. The staff pools their expertise and shares their resources with each other.

___ 7. The staff learns from and with each other.

___ 8. Time is specifically devoted at staff meetings to demonstrate and discuss innovative educational techniques, materials, or strategies.

___ 9. Discussion in the staff lounge/workroom centers mostly on instructional practices rather than on social concerns or complaints about learners.

___ 10. Time is specifically provided for professional staff to plan and problem-solve together.

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Instructional Module

Infants and Toddlers with Disabilities and Their Families:

Collaborative Consultation

PART TWO

Supporting Materials

I. Lecture Notes
II. Student Handouts for Note-Taking
III. Additional Student Handouts
IV. Transparency Samples

Handout #1

Child: Kara (age 4 years)

Other Children: None

Parent(s) Maya (mother age 24)

John (father age 23)

Kara attends a Head Start Program five mornings a week. In October Kara was referred to the special needs coordinator of the local Head Start program because of her behavior problems. Her parents agreed to have her tested by the local school district special education team. The special education team determined that Kara was not eligible for their preschool services but that she could receive speech and language services because of articulation problems. The speech pathologist from the school district began to see Kara three mornings a week in a small room set aside for speech therapy at the Head Start program. The Head Start teacher did not know what went on in the speech room but hoped it was helping Kara's speech. Unfortunately, though, Kara's behavior in class kept getting worse, so that the Head Start director asked the local mental health center to send a psychologist to the classroom to observe Kara. The psychologist asked the classroom teacher to provide a lot of data and suggested that she change her style of teaching. The teacher tried at first, but Kara's behavior did not improve, and the whole classroom routine was disrupted. The psychologist said that he could come to the classroom two hours a week to implement a behavior modification program, but he did not know if it would help. The Head Start staff (especially the teacher) now feel that Kara should be removed from Head Start and sent to a special education school because neither of the specialists have been able to help her. If the special education school will not take her, she will just have to stay at home.

Handout #2

Child: Joley (age 4 years)

Other Children: None

Parent(s) Mary (mother)

Joley is 4 years old and has Down Syndrome. She has two younger brothers. Her mom, Mary, is single and works two jobs. Joley attends the Busy Bee Child Care Center for a total of seven hours a day. Her mom drops her off at 7:30 for breakfast. Joley spends the rest of the morning at the child care center. She is picked up by a bus at 11:30 to go to a preschool special education center (40 minutes away), where she attends a class every afternoon and receives special education and related services that include speech, occupational, and physical therapy. She returns to the child care center every day at 3:00 p.m. and stays until 6:00 p.m., when her grandmother picks her up. Joley does very well at the child care program, but the teachers think they should be doing more with her. They wish they knew what happened during the special education class and what all the special staff did to her. They also worry about all the transitions Joley has to make in one day. Joley's mother has also expressed concern about all the traveling her daughter has to do between the two programs.

Handout #3

Evaluation of system for monitoring collaborator acquisition and practice of generic principles of collaborative consultation.

Collaborator: _____ **Date:** _____

	Never		So-So		Often
I feel team ownership of the identified problem.	1	2	3	4	5
I recognize and respect individual differences.	1	2	3	4	5
I use situational leadership.	1	2	3	4	5
I use cooperative conflict-resolution processes.	1	2	3	4	5
I use appropriate interviewing skills.	1	2	3	4	5
I actively listen to others.	1	2	3	4	5
I communicate using common nonjargon and positive nonverbal language.	1	2	3	4	5

Handout #4

Collaborative work environment self-assessment.

Name:_____ **Postion:**_____ **School/Unit**_____

Instructions: The norms for staff behavior listed below are those frequently found in collaborative work environments in schools. Please read each statement carefully. Then rate the degree to which each statement reflects the current work environment in your school, with 1 = our staff always behaves this way; 2 = our staff behaves this way most of the time; 3 = our staff behaves this way sometimes; 4 = our staff behaves this way rarely; or 5 = our staff never behaves this way.

___ 1. The staff shares a common language about instructional techniques.

___ 2. The staff often observes each other in their classrooms and give feedback on instruction.

___ 3. The staff frequently discusses instructional techniques and methods in the workroom/lounge.

___ 4. The staff works together to master new instructional methods or strategies.

___ 5. The staff plans and designs educational materials together.

___ 6. The staff pools their expertise and shares their resources with each other.

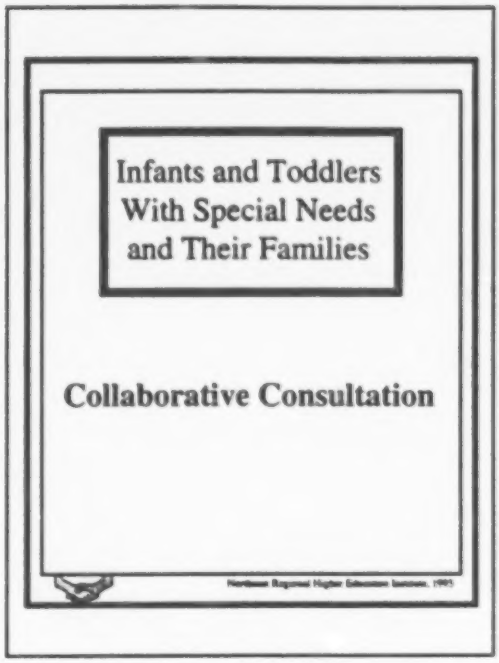
___ 7. The staff learns from and with each other.

___ 8. Time is specifically devoted at staff meetings to demonstrate and discuss innovative educational techniques, materials, or strategies.

___ 9. Discussion in the staff lounge/workroom centers mostly on instructional practices rather than on social concerns or complaints about learners.

___ 10. Time is specifically provided for professional staff to plan and problem-solve together.

Faculty Presentation Guide



Lecture Notes

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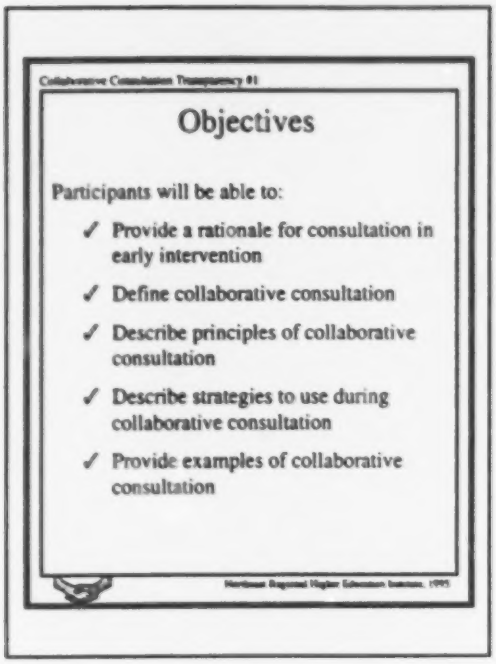
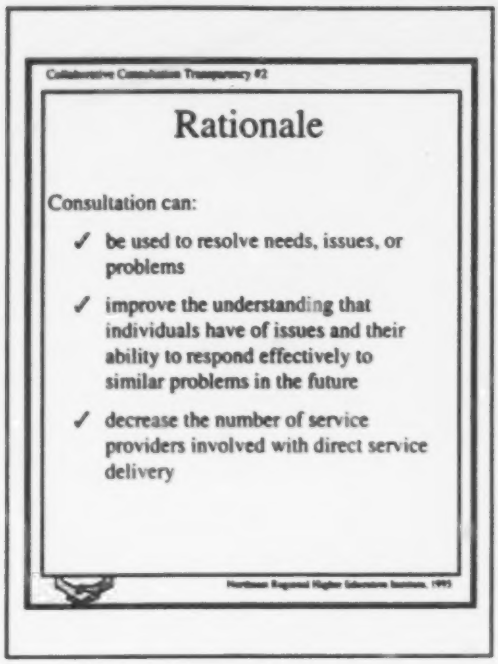

Objectives
Participants will be able to:
✓ Provide a rationale for consultation in early intervention
✓ Define collaborative consultation
✓ Describe principles of collaborative consultation
✓ Describe strategies to use during collaborative consultation
✓ Provide examples of collaborative consultation

Lecture Notes

Faculty Presentation Guide


Collaborative Consultation Transparency #2
Rationale
Consultation can:
✓ be used to resolve needs, issues, or problems
✓ improve the understanding that individuals have of issues and their ability to respond effectively to similar problems in the future
✓ decrease the number of service providers involved with direct service delivery

Lecture Notes

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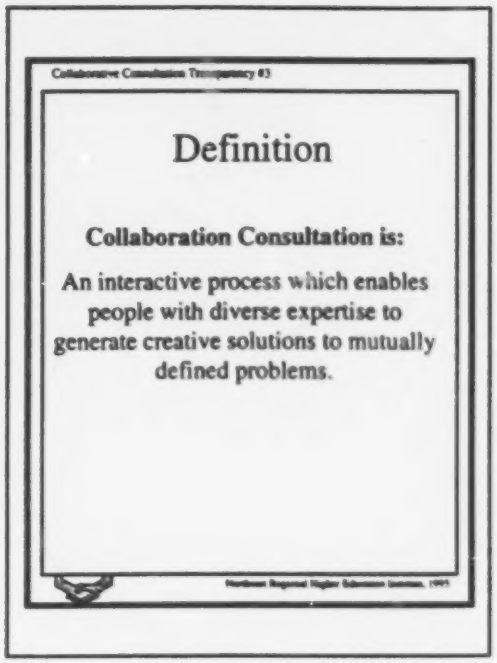
Collaborative Consultation Transparency #3
Definition
Collaboration Consultation is:
An interactive process which enables people with diverse expertise to generate creative solutions to mutually defined problems.
Northeast Regional Higher Education Institute, 1995

Lecture Notes

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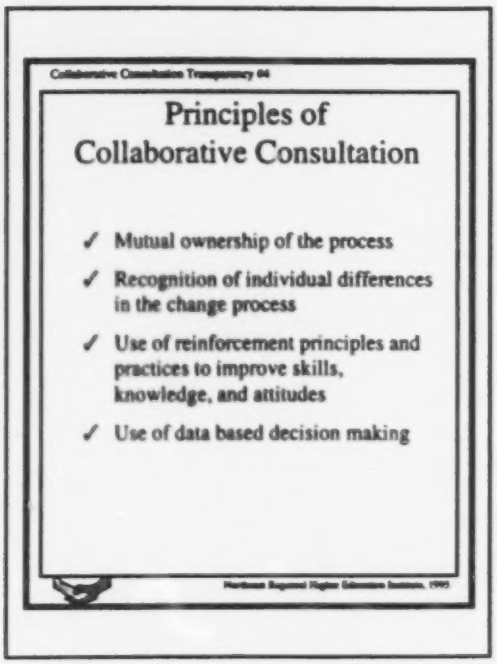
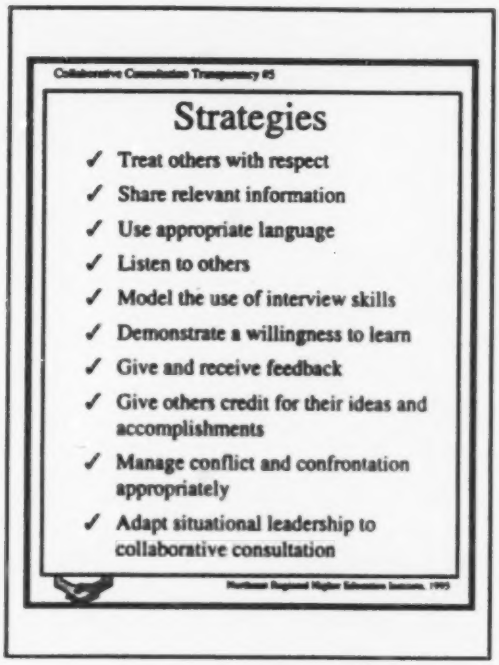

Principles of
Collaborative Consultation
✓ Mutual ownership of the process
✓ Recognition of individual differences in the change process
✓ Use of reinforcement principles and practices to improve skills, knowledge, and attitudes
✓ Use of data based decision making

Lecture Notes

Faculty Presentation Guide


Collaborative Consultation Transparency #5
Strategies
✓ Treat others with respect
✓ Share relevant information
✓ Use appropriate language
✓ Listen to others
✓ Model the use of interview skills
✓ Demonstrate a willingness to learn
✓ Give and receive feedback
✓ Give others credit for their ideas and accomplishments
✓ Manage conflict and confrontation appropriately
✓ Adapt situational leadership to collaborative consultation

Lecture Notes

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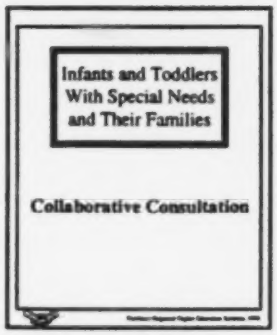
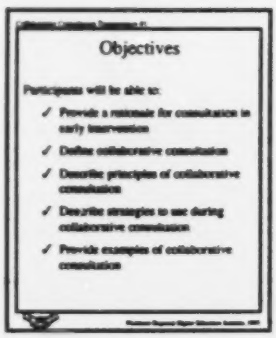

Infants and Toddlers
With Special Needs
and Their Families
Collaborative Consultation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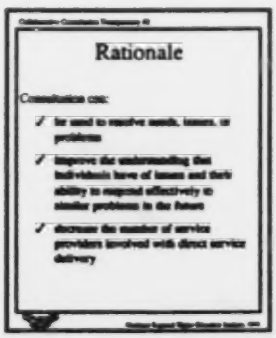
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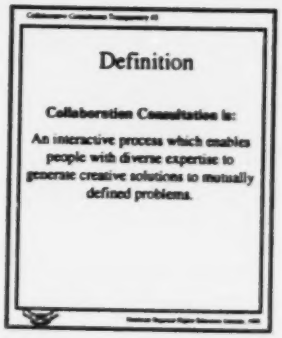
Consultation can:
✓ be used to resolve needs, issues, or problems
✓ improve the understanding that individuals have of issues and their ability to respond effectively to similar problems in the future
✓ decrease the number of service providers involved with direct service delivery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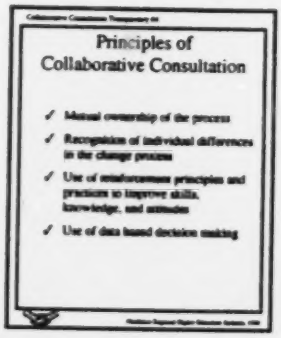
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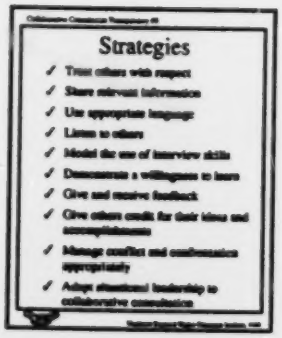
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✓ Give and receive feedback
✓ Give others credit for their ideas and accomplishments
✓ Manage conflict and confrontation appropriately
✓ Adopt situational leadership to collaborative consultation

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Infants and Toddlers With Special Needs and Their Families

Collaborative Consultation

Northeast Regional Higher Education Institute, 1995

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Handout #1

Child: Kara (age 4 years)

Other Children: None

Parent(s) Maya (mother age 24)

John (father age 23)

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Handout #2

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Other Children: None

Parent(s) Mary (mother)

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Collaborative Consultation Transparency #1

Objectives

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Northeast Regional Higher Education Institute, 1995

Collaborative Consultation Transparency #2

Rationale

Consultation can:

- ✓ be used to resolve needs, issues, or problems
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Northeast Regional Higher Education Institute, 1995

Definition

Collaboration Consultation is:

An interactive process which enables people with diverse expertise to generate creative solutions to mutually defined problems.

Northeast Regional Higher Education Institute, 1995

Collaborative Consultation Transparency #4

Principles of Collaborative Consultation

- ✓ Mutual ownership of the process
- ✓ Recognition of individual differences in the change process
- ✓ Use of reinforcement principles and practices to improve skills, knowledge, and attitudes
- ✓ Use of data based decision making

Northeast Regional Higher Education Institute, 1995

Collaborative Consultation Transparency #5

Strategies

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- ✓ Give others credit for their ideas and accomplishments
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Northeast Regional Higher Education Institute, 1995